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Brooke F Adams 09/12/2006 01:59:35 PM From DB/Inbox: Brooke F Adams

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Text:

UNCLAS TRIPOLI 00476

SIPDIS  
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ACTION: ECON  
INFO: AID MGT POL NAMRU IPS FAS DCM

DISSEMINATION: SCI  
CHARGE: PROG

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FM AMEMBASSY TRIPOLI  
TO RUEHC/SECSTATE WASHDC PRIORITY 1180  
INFO RUEFHLC/DEPT OF HOMELAND SECURITY WASHINGTON DC  
RUEHEG/AMEMBASSY CAIRO PRIORITY 0410  
RUEHAM/AMEMBASSY AMMAN 0014  
RUEHTU/AMEMBASSY TUNIS 0527  
RUEHAS/AMEMBASSY ALGIERS 0301  
RUEHVT/AMEMBASSY VALLETTA 0098  
RUEHRO/AMEMBASSY ROME 0199  
RUEHLO/AMEMBASSY LONDON 0436  
RUEHTRO/AMEMBASSY TRIPOLI 1334

UNCLAS SECTION 01 OF 02 TRIPOLI 000476

SIPDIS

FOR NEA/MAG, GAVITO, NEA/RA, OES FOR SENSENEY; AMMAN FOR WHITTLESLEY; HHS FOR JANE COURY, BILL STEIGER; CAIRO FOR HARRINGTON, NAMRU-3 DR. MANSOUR, DR. MARIE RICCIARDONE, DR. BRUCE BOYNTON

E.O. 12958: N/A  
TAGS: [TBIO](#) [OSCI](#) [LY](#)  
SUBJECT: LIBYA SUBMITS GRANT APPLICATION FOR HHS ASSISTANCE IN PANDEMIC/AVIAN INFLUENZA

¶1. SUMMARY: On August 29-31, 2006 Dr. Mustafa Mansour of Navy Medical Research Unit -3 of Cairo, and ESTH officer met with Dr. Abduhafid Abudher of the Libyan National (African) Center for Infectious Disease Control to finalize a grant application for U.S. assistance to the Libyan Government in public health issues associated with influenza preparedness. The Libyans finalized a \$1 Million grant application/request, as offered by the U.S. Department of Health and Human Services (HHS) to the Libyan General People's Committee for Health and Environment (GPCHE) as a non-competitive grant award. The application was then locally approved and signed by Mr. Habeb Tamer, the Undersecretary of the GPCHE. Pending HHS approval, the application will fully obligate the funds in FY06 monies for use by the GPCHE in FY07.  
END SUMMARY.

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HHS Grant Fulfills Cooperative Agreement Signed in July:  
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¶2. During HHS Deputy Secretary Alex Azar's July visit to Tripoli, Dr. Tamer and Mr. Azar signed an agreement to participate in a cooperative initiative for the development of public health and security, with particular reference to public health incidents related to influenza. Attached to this agreement was an offer by HHS to provide the GPCHE a non-competitive grant in the amount of USD\$1 Million to foster this cooperation through continued partnerships in disease surveillance, preparedness and response capabilities. The grant application signed by Mr. Tamer and Dr. Mansour on August 31, 2006 aimed to fully obligate these funds to set up sentinel site

staff and capabilities that integrated with Libya's existing disease surveillance infrastructure.

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Libyan Application Structured to Address Three Pillars of Preparedness:  
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13. HHS provided Dr. Mansour with an outline of a desired format for the proposal with some suggested benchmarks and areas of consideration that would be included in such an application. Dr. Abudher reviewed this outline, and presented it to the combined Libyan Committee for Public Health which consists of representatives from the GPCHE and the General People's Committee for Agriculture (GPCA). The GPCA has dominion over the veterinary portion of disease surveillance and reporting. The group modified and completed the outline. The combined committee was concerned that the document would not reflect Libya's existing disease surveillance and reporting capabilities, and ensured that the language in the proposal stated the grant money would be used to strengthen existing institutions, not establish new ones. This was a very important point to both the GPCHE and GPCA leadership, and was reiterated several times to Dr. Mansour and ESTH Officer.

14. The application was titled: Surveillance and Response to Highly Pathogenic Avian and Pandemic Influenza in the Libyan Arab Jamahiriya, submitted in response to the RFP issued by the HHS Office of the Secretary, Office of Public Health and Science, Office of Global Health Affairs. The application includes measures to address the three pillars of pandemic preparedness: a) Preparedness and Communication, b) Surveillance and Detection, c) Response and Containment. Using these three pillars, a schedule of proposed activities through FY07 was established and agreed upon by the Libyans and Dr. Mansour. The schedule outlined specific activities and the associated funding requested for each activity, as well as a separate section to allow for supplemental payments to sentinel and management staff that will be involved with the program.

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Libyan Committed to Accountability and Achieving Benchmarks:  
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15. Dr. Abudher was very concerned about meeting the U.S. expectations for the application, and paid strict attention to how the monies were allocated. He asked how the grant would be dispensed, managed and accounted. He and Mr. Tamer recommended establishing an account with two to three guardians with access to the funds. They were open to suggestions from HHS, and welcomed any input in this matter. They were also concerned about how the program would be benchmarked or evaluated, and sought input on a means of accountability to the timeline and scheduled activities. They understood that the program was intended as a starting point for cooperation between U.S. and Libyan health communities, and were very excited about the opportunities for interaction that this program offered. They will be seeking increased U.S. participation in Libyan health issues beyond the initial influenza program, and believe the HHS initiative will foster the working level relationships necessary to broaden the scope of cooperation.

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Next Steps:  
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16. HHS and the GPCHE will continue work on the specifics of the funds transfer, as well as the accountability to the schedule. Activities are planned in each of the three pillars that include either Libyan participation in regional workshops and programs, or visits to Libya by topical specialists. These activities will continue working level contact and develop further cooperation between the U.S. and Libya. Mr. Tamer and Dr. Abudher understand that this initial agreement is a framework for evaluating opportunities for further cooperation and establishing new programs. Pending approval from HHS of the grant application, the Libyans are ready to move on the planned

schedule of activities. The only caveat to their eagerness is that the Ramadan season begins September 23, and this will certainly slow the initial progress of activities, but there is every opportunity to have the program fully functioning by the end of November.

17. U.S. travelers proposing grant-related travel to Libya should allow a minimum of eight weeks for visa approvals to be processed. Similarly, Libyans must travel to Embassy Tunis to apply for visas and interagency proposals. Follow-on activities should factor a minimum of eight weeks lead time if training in the U.S. is offered. Any planned workshops that can be arranged in Cairo at the NAMRU-3 facility, pending facility availability, should be considered to minimize issues related to visa restrictions for travelers.

GOLDRICH